

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit is a State hospital complaint investigation.</p> <p>Date of Survey: 08/04/2015</p> <p>Facility Number: 009443</p> <p>Complaint # IN00175848</p> <p>Substantiated, State deficiency related to the allegations is cited. Unrelated deficiency is also cited.</p> <p>QA: cjl 09/04/15</p>	S 000		
S 594	<p>410 IAC 15-1.5-2 INFECTION CONTROL</p> <p>410 IAC 15-1.5-2(f)(3)(D)(ii)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows:</p> <p>(3) The infection control committee responsibilities shall include, but not be limited to, the following:</p> <p>(D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(ii) Universal precautions, including infectious waste management.</p> <p>This RULE is not met as evidenced by:</p>	S 594		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 594	<p>Continued From page 1</p> <p>Based on document review, observation and interview, the hospital failed to ensure 3 of 3 soiled utility storage rooms were locked.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Policy #IC VIII-10 General Sanitation Article II (last revised and approved 3/25/2015) stated, "Doors to Clean and Soiled Utility Rooms shall be kept closed." 2. Policy #ENV002 Departmental Security Policies (last revised and approved 3/25/2015) indicated Environmental Service storage areas are the responsibility of supervisory personnel. The Environmental Services Department will be secured totally during inoperative hours. Storage and supply areas will be locked at all times when not in use. 3. At 10:30 AM on 8/4/2015, the patient floors were toured with the Plant Operations Manager and Quality Manager. The Soiled Holding Room was observed without a locking mechanism. Biohazard sign was posted on the wall outside the room. The room was located in a public hallway. 4. At 11:17 AM, the 3rd floor was toured. The Soiled Holding Room was observed without a locking mechanism. Biohazard sign was posted on the wall outside the room. The room was located in a public hallway. 5. At 11:45 AM, the 4th floor was toured. The Soiled Holding Room was observed without a locking mechanism. Biohazard sign was posted on the wall outside the room. The room was located in a public hallway. 	S 594		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 594	Continued From page 2 6. At 1:30 PM on 8/4/2015, staff member #1 (CEO) indicated he/she contacted his/her central office and they confirmed that all soiled utility rooms that have easy access to the public need to be locked and secured at all times.	S 594		
S1118	410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2) (b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows: (2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees. This RULE is not met as evidenced by: Based on document review and observation, the hospital failed to ensure 3 of 3 eye wash stations in the biohazard soiled holding storage rooms are located in areas that minimize the possible infection exposure to patients, visitors, or staff in case of emergency use of the eye wash station. Findings included: 1. Policy # IC VIII-8 Infection Control (last revised and approved 3/25/2015) stated, " Compliant with all appropriate local, state, and federal requirements for the handling of infectious waste." 2. OSHA considers the guidelines set by such	S1118		

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER SELECT SPECIALTY HOSPITAL-EVANSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SE 4TH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S1118	<p>Continued From page 3</p> <p>sources as American National Standards Institute proper maintenance and weekly testing is necessary to ensure that Emergency Drench Showers and Eyewash Stations are functioning safely and properly. The eye wash stations should be located in a clean and sanitary area where the possibility of infectious waste or soiled material would not contaminate a person's eyes during the flushing process of a persons's eyes. Weekly testing helps clear the supply lines of sediment and bacteria build-up that is caused from stagnant water. The ANSI standard states that plumbed flushing equipment, "shall be activated weekly for a period long enough to verify operation and ensure that flushing fluid is available".</p> <p>3. At 10:30 AM on 8/4/2015, the patient floors were toured with the Plant Operations Manager and Quality Manager. While touring the 2nd floor, the Soiled Holding Room was observed without a locking mechanism. Biohazard sign was posted on the wall outside the room. The room was located in a public hallway. A hand washing sink was located with a faucet mounted eye washing station plumbed to it within feet from assorted soiled or biohazard materials. The 3rd and the 4th floor soiled utility rooms were observed set up the same way as the 2nd floor soiled utility room.</p>	S1118		